AGREEMENT FORM FOR POLITICAL CANDIDATE ADVERTISEMENTS

(check applicable box)

| □ FEDERAL CANDIDAT | |
|---------------------|---|
| | _ |
| | _ |
| II FEDERAL CANDIDAL | |

STATE/LOCAL CANDIDATE

To Avail Themselves Of The Lowest Unit Charge During A Political Window, Federal Candidates Must Sign The Certification On Page 3

| Station and Location: | | | Date: 5/29/2018 | | 29/2018 |
|--------------------------|---|------------------|-------------------------|-------------------|--------------------|
| I, BlueWest N | 1edia | | | | , |
| being/on beh | alf of: Cary Ker | nnedy | | | , |
| a legally qua | lified candidate | of the _ Demo | ocratic | | |
| political part | y for the office | of: | | | |
| in the Primar | у | | | | |
| election to be | e held on: Tues | day, June 26, 20 |)18 | | |
| do hereby re | quest station ti | me as follows | s: | | |
| Broadcast Length | Time of Day, Rotation or Package | Days | Class | Times per Week | Number of Weeks |
| | S | EE ATTACHI | ED SCHEDUL | .E | |
| Date of First Broadcast: | | | Date of Last Broadcast: | | |
| | | j | | 1 | |

Attach proposed schedule with charges (if available):

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| by: | | | | | | |
|--|--|--|--|--|--|--|
| Cary Kennedy for Governor | | | | | | |
| and you are authorized to announce the time as paid for by such person or entity. I represent that this person or entity is either a legally qualified candidate or an authorized committee/organization of the legally qualified candidate. | | | | | | |
| The name of the treasurer of the candidate's authorized committee is: | | | | | | |
| Jennifer May | | | | | | |
| This station has disclosed to me its political advertising policies, including: applicable classes and rates; and discount, promotional and other sales practices (not applicable to federal candidates). | | | | | | |
| THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING. | | | | | | |

To Be Signed By Candidate or Authorized Committee

| Tuesday, May 29, 2018 | Mary With | | | |
|-----------------------|----------------------------------|------------|--|--|
| Date Signature | | | | |
| To Be S | Signed By Station Representative | | | |
| ☐ Accepted | ☐ Accepted in Part | ☐ Rejected | | |
| Signature | Printed Name | Title | | |